

Instructions to Renew Your Plan Online

- 1** Log in to www.rickenbackertoll.com and click **Request Login/Create Account**.

miamidade.gov

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Public Works and Waste Management

Log In

Log In

User Name: system

Password: *****

Password is case-sensitive.

Sign In

Forgot your password?

Forgot your username?

- 2** Select **Request Login**. Click **Next**.

Request Login / Create Account

Request Login or Create New Account

☒ Request Login
Select this option if you have an annual plan account and want to create a username and password to manage your account online.

☐ New Account
Select this option ONLY if you DO NOT have an existing account.

Cancel Next

- 3** Provide all the information requested. Click **Next**.

Create Username and Password

Please enter your account data:

* Sunpass Number: 159841780110

* First Name: Esther

* Last Name: Lopez

Please create User Name and Password to log on to your account.

* Username: Claudia_Test1

* Password: *****

* Retype Password: *****

Security Questions

Select a question from each dropdown list below and provide answers for each.

What is the city of your birth? lima

Name of your best friend in high school? stacy

What was the color of your first car? white

Cancel Next >>

- 4** Click **Finish**.

Create Username and Password

Your username is Claudia_Test1

Your account has been created. You may now log in.

Finish

- 5** Log back in with your new username and password. Click **Sign In**.

Log In

Log In

User Name: system

Password: *****

Password is case-sensitive.

Sign In

Forgot your password?

Forgot your username?

- 6** Type YES in the text field. Click **"I Accept the Terms"** button.

Agreement

I have read and reviewed the information in the [User Agreement](#) and in the [Privacy Policy](#)

Type "YES" in the box below, and click on the "I Accept the Terms" button. By entering any other text in the box below, you indicate that you do not accept the terms of the User Agreement. This will cancel the Account Sign-up Process.

YES

Type YES (not case sensitive)

I Accept the Terms

Once you type "YES" in the box above and click the "I Accept the Terms" button, you will be taken to the next step to continue your sign-up process.

- 7** Check to make sure the contact information is correct and provide additional information as needed. Click **Next**.

Public Works and Waste Management

Contact Information

Web Account

Vehicles

Confirmation

Payment

Contact Information - Individual Account

Please complete the following customer information.

* indicates a required field.

Title: Ms.

* First Name: Claudia

Middle Initial: I

* Last Name: Dimitrio

Suffix: -None-

* Phone #: 305 546 2881 ext.

* Country: United States

* Address: 452 sw 26 road

* City: miami

* State: Florida

* Zip Code: 33129

* E-mail Address: cldd@miamidade.gov

* Retype E-mail Address: cldd@miamidade.gov

When you are done adding the customer information, click Next to continue.

Cancel Next

- 8** Confirm Web Account information. Click **Next**.

Web Account

Username

To update your password, enter your new password in the fields below and click the Save button.

* Username: Claudia_Test2

* Password: *****

* Retype Password: *****

Security Questions

To update your security questions and answers, enter the updated questions and answers in the fields below and click the Save button.

What was your childhood nickname? lilu

What is the city of your birth? lima

What was the color of your first car? ford

Previous Next

- 9** Select Vehicles to renew. Click **Next**.

Vehicles

Please select the activity you wish to perform below

+ Add New Vehicle

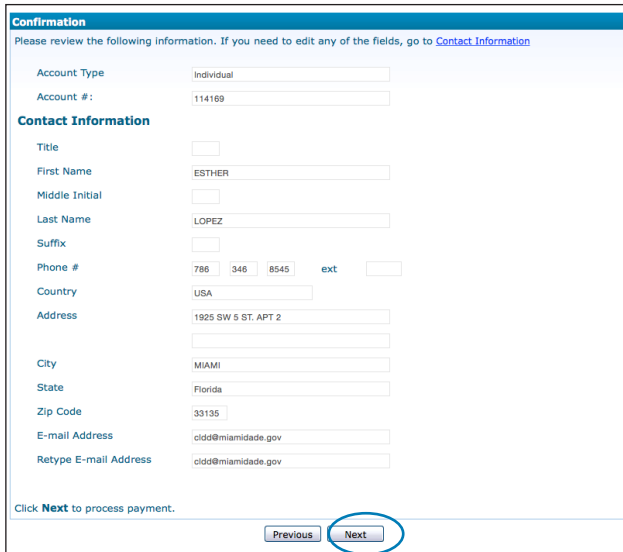
Filter by plate number: Apply Remove

	Plate #	Vehicle	Transponder	Rickenbacker	Exp Date	Venetian	Exp Date
<input checked="" type="checkbox"/>	FL 686JVS	2006 Nissan ALTIMA	159841780110	Commuter Plan	9/30/2014		

When you are done adding vehicles to the list above, click Next to continue.

Previous Next

10 Confirm your account information. Click **Next**.



Confirmation
Please review the following information. If you need to edit any of the fields, go to [Contact Information](#)

Account Type: Individual
Account #: 114169

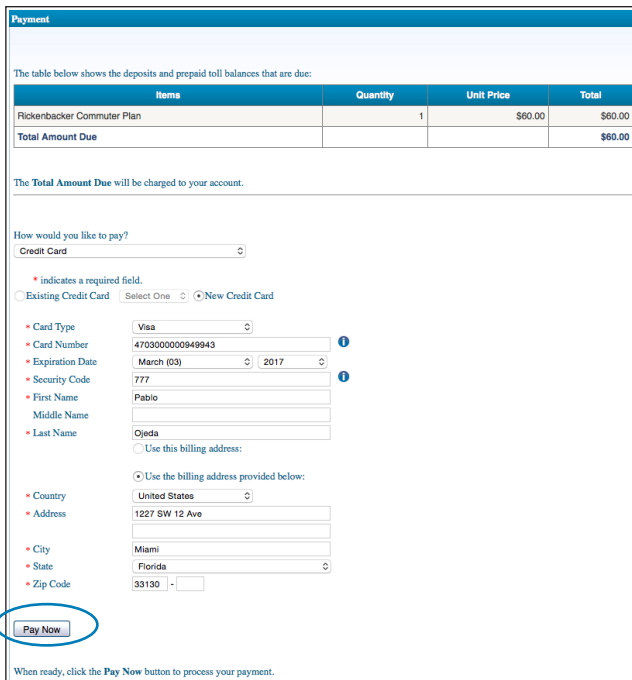
Contact Information

Title: _____
First Name: ESTHER
Middle Initial: _____
Last Name: LOPEZ
Suffix: _____
Phone #: 786 348 8545 ext. _____
Country: USA
Address: 1925 SW 5 ST. APT 2
City: MIAMI
State: Florida
Zip Code: 33135
E-mail Address: cldd@miamidade.gov
Retype E-mail Address: cldd@miamidade.gov

Click **Next** to process payment.

[Previous](#) [Next](#)

11 Enter payment information. Click **Pay Now**.



Payment

The table below shows the deposits and prepaid toll balances that are due:

Items	Quantity	Unit Price	Total
Rickenbacker Commuter Plan	1	\$60.00	\$60.00
Total Amount Due			\$60.00

The **Total Amount Due** will be charged to your account.

How would you like to pay?
☐ Credit Card

* indicates a required field.

☐ Existing Credit Card ☐ New Credit Card

Card Type: Visa
Card Number: 4703000000949943
Expiration Date: March (03) 2017
Security Code: 777
First Name: Pablo
Middle Name: _____
Last Name: Ojeda

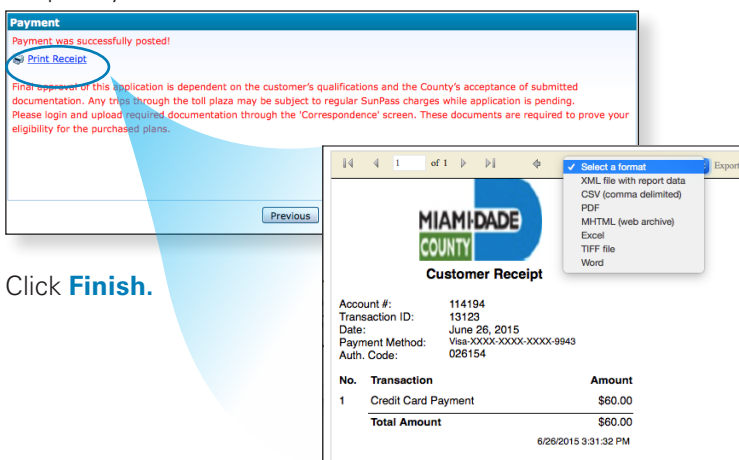
☐ Use this billing address:
☐ Use the billing address provided below:

Country: United States
Address: 1227 SW 12 Ave
City: Miami
State: Florida
Zip Code: 33130

[Pay Now](#)

When ready, click the **Pay Now** button to process your payment.

12 Payment confirmation will be displayed.
Click on **Print Receipt** link to select format of file to keep for your records.



Payment
Payment was successfully posted!
[Print Receipt](#)

Final approval of this application is dependent on the customer's qualifications and the County's acceptance of submitted documentation. Any trips through the toll plaza may be subject to regular SunPass charges while application is pending. Please login and upload required documentation through the 'Correspondence' screen. These documents are required to prove your eligibility for the purchased plans.

[Previous](#)

Customer Receipt

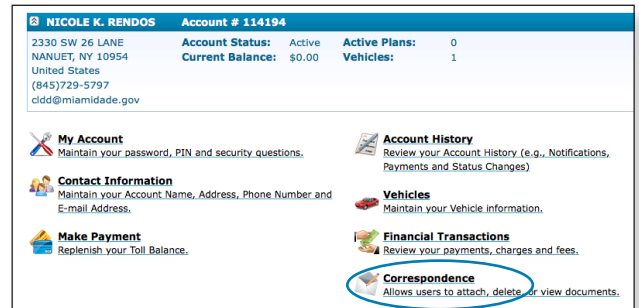
Account #: 114194
Transaction ID: 131120
Date: June 26, 2015
Payment Method: Visa-XXXX-XXXX-XXXX-9943
Auth. Code: 026154

No.	Transaction	Amount
1	Credit Card Payment	\$60.00
Total Amount		\$60.00

6/26/2015 3:31:32 PM

Click **Finish**.

13 Click **Correspondence** to upload your documentation. PDFs, JPEGs and PNGs are acceptable file formats.



NICOLE K. RENDOS Account # 114194

2330 SW 26 LANE
NANUET, NY 10954
United States
(845)729-5797
cldd@miamidade.gov

Account Status: Active
Current Balance: \$0.00
Active Plans: 0
Vehicles: 1

My Account
Maintain your password, PIN and security questions.

Contact Information
Maintain your Account Name, Address, Phone Number and E-mail Address.

Make Payment
Replenish your Toll Balance.

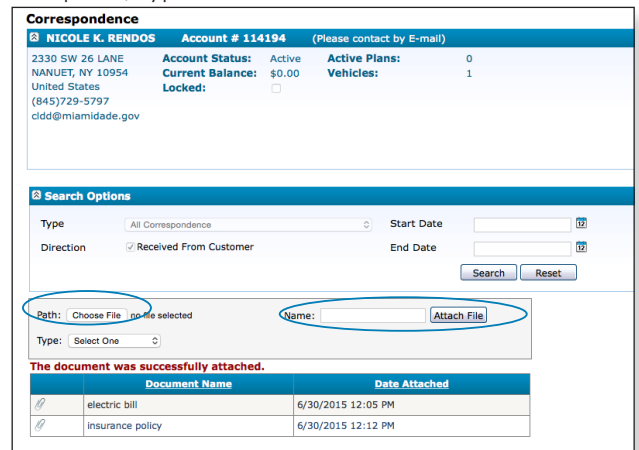
Account History
Review your Account History (e.g., Notifications, Payments and Status Changes)

Vehicles
Maintain your Vehicle Information.

Financial Transactions
Review your payments, charges and fees.

Correspondence
Allows users to attach, delete or view documents.

14 Click **Choose File** to find the document on your computer, type its name and click **Attach File**.



Correspondence

NICOLE K. RENDOS Account # 114194 (Please contact by E-mail)

2330 SW 26 LANE
NANUET, NY 10954
United States
(845)729-5797
cldd@miamidade.gov

Account Status: Active
Current Balance: \$0.00
Locked: ☐
Active Plans: 0
Vehicles: 1

Search Options

Type: All Correspondence
Direction: ☒ Received From Customer
Start Date: _____
End Date: _____
[Search](#) [Reset](#)

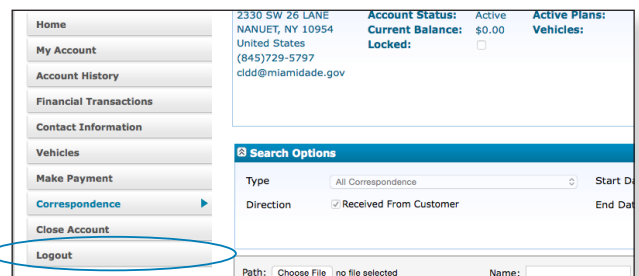
Path: [Choose File](#) no file selected
Name: _____ [Attach File](#)

Type:

The document was successfully attached.

	Document Name	Date Attached
	electric bill	6/30/2015 12:05 PM
	insurance policy	6/30/2015 12:12 PM

When you've completed uploading your documents, click **Logout**.



Home
My Account
Account History
Financial Transactions
Contact Information
Vehicles
Make Payment
Correspondence
Close Account
Logout

2330 SW 26 LANE
NANUET, NY 10954
United States
(845)729-5797
cldd@miamidade.gov

Account Status: Active
Current Balance: \$0.00
Locked: ☐
Active Plans: 0
Vehicles: 1

Search Options

Type: All Correspondence
Direction: ☒ Received From Customer
Start Date: _____
End Date: _____

Path: [Choose File](#) no file selected
Name: _____

You will receive an email to confirm approval.

CUSTOMER ASSISTANCE

Rickenbacker Customer Service Center

305-854-2468

Monday – Friday

8 am – 5 pm

Venetian Customer Service Center

305-579-5436

Monday – Friday

8 am – 5 pm